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## Claims

### **Do outpatient adjustments need to be submitted line by line?**

If submitted on paper, yes, but not if you use the 837 void/replace transaction.

### **Initial billing is done by our corporate office in Pennsylvania. We submit any necessary adjustments. Why do we need to send paper attachments?**

You should find out if your software company/vendor can send electronic void/replacement transactions.

### **Will MassHealth be changing from the Form 5 to the CMS 1500?**

Claim forms are not changing at this time. The use of standardized forms is being reviewed.

### **Why must we wait a year to appeal a claim?**

You don't have to wait a year. Claims that are older than 90 days, but less than one year may be appealed any time after the 90-day submission period. Refer to your Billing Instructions in Subchapter 5 of your MassHealth provider manual for more information about requesting a 90-day waiver.



## **MassHealth Q&A**

### **Why do suspended claims deny even though they are correct?**

When a CAF or request for an attachment is sent to you, you must attach the requested information and send it back within 45 days. The claims will deny if the documentation is not received.

### **Any update on lab panels?**

The issue with the lab panels was in the 835 codes and has been resolved.

### **A dental provider asked for recommendations from other providers for no show appointments.**

MassHealth members may not be billed for missed appointments (see 130 CMR 450.235A).

### **We had a denial on our remittance advice that said that the client had limited coverage and the service was not covered? Can we bill the client?**

MassHealth members may not be billed for covered services. If the client is notified before the service is provided that the service is not covered and if the member signs a release agreeing to payment, the individual may be billed.

### **There is a difference in the way Medicare and Medicaid claims are billed for units for the same procedure codes. Will this change?**

MassHealth is reviewing these situations.

### **Are paper claims dated the day they are received or the postmark date?**

Paper claims are dated with the date of receipt.

### **We have claim issues pending with MassHealth. Who will handle them after July 1?**

Work in progress is being transitioned to the new Customer Service team.

### **Will we be able to do online access for LTC casemix and patient paid amount?**

This may be a future enhancement.

### **With the new self service options will there be real-time claim adjudication?**

Real-time claim adjudication will not be implemented with the changes happening July 1, 2005. MassHealth is currently working on the implementation of a new MMIS system and that may be an option with the new system.

### **It takes 45 to 90 days to see claim status. Will the Web-based transactions system through the mass.gov Web site change that?**

The ability to see claim status will not change. Today, you can see the status of a claim within 2 days of its adjudication. Today it takes approximately about two weeks to adjudicate a claim.

### **Will the RA supplemental be available on mass.gov?**

Yes.



## MassHealth Q&A

### **Can we get SC-1 status and patient paid amount information electronically?**

Not yet.

### **In what sort order are remittance advices printed?**

They are sorted first by claim status (paid, denied, and suspended status, in that order) and then by the earliest date of service, patient account number, and name within each status.

### **Is there a chance that MassHealth will change to a twice a month remittance advices?**

Not at this point.

### **Can the claims be shown on the remittance advice in alphabetic order by name?**

There are no plans to change the paper remittance advice at this time.

### **Will we continue to get our remittance advices on CDs? Can we also get the remittance advice (835 format) from the MassHealth Web site?**

The 835 or electronic remittance advice will be available through [mass.gov/masshealth](http://mass.gov/masshealth). Remittance advices will be provided on CDs.

## **Claims/Transition**

### **Will there be a better way to keep attachments to the claims in the new system? Currently many are lost.**

All claims and attachments will be scanned upon receipt.

### **Is there any change to the address for requesting 90-day waivers?**

Effective July 1, 2005, 90-day waiver requests should be mailed to P.O. Box 9118, Hingham MA 02043.

### **Will there still be a process for paper claims that are hand-delivered and signed for?**

If you require a signature, you must arrange for delivery to either our Hingham address or our Summer Street, Boston address. We will provide receipts for claims delivered to either of these addresses.

### **Do claim reviews and appeals still go to 600 Washington Street?**

Yes. Only items that were previously sent to MassHealth in Somerville should be sent to our Hingham address. There is no change for items sent to other addresses.

### **Will the remittance advice error codes change?**

No. The information on the remittance advice will not change.

### **Are special bed hold claims submitted to 600 Washington Street?**

Items previously sent to MassHealth in Somerville will go to Hingham effective 7/1/05. If items are mailed to an address other than Somerville, Massachusetts, there is no change.



## MassHealth Q&A

**Will the incoming claims be available for review by the processing staff? Could this be a solution so that we wouldn't have to include attachments on adjustments, etc?**

All claims and attachments will be scanned upon receipt; however you must follow the claim/adjustment submission policies of the MassHealth program.

**When will we be able to submit an EDI claim today and check on the claim status the next day?**

MassHealth is aware of this request and is looking to identify possible options. The new MMIS will provide options, possibly including real-time adjudication. The system will be implemented in 2007.

## Customer Service Transition

**Do I change how I address the envelopes attention line?**

No. You should continue to label the attention line on the envelope as you do today.

**What will happen to the claims that were sent before 7/1/05 that haven't been paid?**

Claims submitted before 7/1/05 will be processed. The transition will be transparent to you. Claims received at the old address after July 1, 2005, will be delivered by courier to the new address.

**As providers call the new toll-free number for a claim question, is it the same people that will be handling a client call?**

Our customer service representatives are receiving training in both provider and member services. However, when you call, you will choose provider services and your call will be forwarded to a representative supporting provider calls.

**What will the hours be for the new integrated call center?**

8:00 A.M. to 5:00 P.M.

**How seasoned are the provider representatives?**

The experience level of the provider representatives varies; most have significant contact center experience and experience supporting MassHealth. All are receiving extensive training and will have access to tools and resources for MassHealth-approved information.

**Who will determine the escalation of a level 1 call to a level 2 and level 3 representative?**

The phone representatives have defined referral and escalation procedures.

**Currently when you call customer service you can get different answers. We are looking for changes with the new contract.**

The new MassHealth customer services team is in the process of extensive, comprehensive staff training. In addition to their training, we will be implementing an intranet knowledge center where a representative will access information to answer questions, confirm policy, etc. Information for this repository is being approved by MassHealth program managers.



## MassHealth Q&A

### **Is there a change of address for special items?**

Items currently sent to the Somerville, Massachusetts address will go to the Hingham, Massachusetts address effective 7/1/05. If items are mailed to an address other than Somerville, there is no change.

### **With one telephone number, will the information given be the same for the provider and member?**

Our goal is to give consistent, accurate information to all. Approved information will be available to the representatives through the intranet repository of MassHealth information.

### **Will the contact center provide a case number to providers for follow up call use?**

All phone contacts will be tracked and documented. A tracking number is under consideration.

### **Describe the training program for the representatives on the member services team.**

The training program for all representatives includes a comprehensive curriculum that includes many modules on policy, services, MassHealth providers, processes, billing, TPL, customer service and the systems and tools the representatives and providers use.

## **Electronic Data Interchange (EDI)**

### **I am a PCSS user who just tested. Do I need to do the upgrade?**

Yes. The software version you have now does not point to mass.gov for claim submissions. The upgrade will automatically launch/send your claims to mass.gov.

### **I use a vendor for claim submission. Will that change for me?**

No. You should confirm that your vendor or billing intermediary has tested claim submission through mass.gov/masshealth and is ready to submit your claims through the Web site.

### **Will delivery time of payment be faster with the new mass.gov submission?**

This should not have an impact on the timing of payments. The only change is where the claims are submitted. They will still process in the same manner once they are received.

### **Will the Web-based submission be faster than the BBS?**

You may be able to upload and download files more quickly using mass.gov, depending on the speed of your Internet connection.

### **Will you be able to download the 835 from mass.gov?**

Yes.

### **Why must adjustments come in on paper?**

Paper submission is not required. You should bill using the 837 void/replace transaction.



**Will there be new companion documents available for electronic billing?**

Yes. Updated companion guides are available at [mass.gov/masshealth](http://mass.gov/masshealth). The only changes to these documents are updated contact information and information related to method of submission via [mass.gov](http://mass.gov).

**Will we have the ability to upload more than five files?**

Each time you login to [mass.gov/masshealth](http://mass.gov/masshealth) you have the ability to upload up to five files at one time. To submit additional files, click the upload link and submit up to an additional five files.

**We currently get a 997. Will additional information be available in another report that will show which claims didn't process?**

If you receive an accepted 997, all of the claims from that batch are received by MassHealth and will be reported on your remittance advice. If the batch was rejected, none of the claims would be received and all must be resubmitted.

**We currently get the 835 on CD. Can it be downloaded from [mass.gov](http://mass.gov)?**

Yes, as of June 23, 2005 electronic submitters who have access to [mass.gov](http://mass.gov) can view and download the last six months of their 835 files.

**For substance abuse treatment, we don't send many claims. About 20 a week. Would PCSS be a good option for us?**

Yes. PCSS software is ideal support for the electronic submission of claims for small and medium size providers.

**Will the e-mail notifications of the 997 continue?**

Yes.

**We use WebMD. Is there anything we need to do?**

WebMD is testing submission of electronic claims to [mass.gov/masshealth](http://mass.gov/masshealth). You should confirm with them that they will be ready to submit your claims through [mass.gov](http://mass.gov).

**One claim is in error on a diskette, will all claims deny?**

This process will not change. Assuming the 837 file on the diskette is valid and can be read by the claims system, each claim within the file will be adjudicated. If the file on diskette is named incorrectly or if the file cannot be read, none of the claims in the file will be processed.

**We currently use a billing agency to submit claims. Could we use PCSS for our resubmissions?**

Yes, that is an option. See [mass.gov](http://mass.gov) or call 1-800-841-2900 for PCSS information.



**For providers who are part of the June 23 transition, when will the password for the mass.gov submission be released?**

Submitters chose a password when they tested electronic claim submission through mass.gov. The same password will be used for the actual submission of electronic claims on June 23, 2005. This password is good for 90 days.

**How do you transition from submitting claims on a diskette to submitting them through the Web portal?**

Our EDI team will help you transition from diskette submission to Web portal submission. After June 23, 2005, you can call 1-800-841-2900 for assistance and testing instructions.

**Will diskette billing be eliminated as an option?**

Claim submission on disks or CD-ROMs will be supported by the MassHealth Customer Services.

## **Finance**

**When system issues are resolved, will the providers or Customer Service resubmit the claims?**

Claim resubmission will be considered on a case by case basis. The goal is to expedite provider payment and the best solution will vary depending on the specific situation.

## **Home Health Agency**

**VNA providers had a retroactive rate change to November 1, 2004. We haven't seen the adjustments yet. When can we expect them?**

The retroactive rate adjustment for the majority of the VNA providers was processed on Run # 1851, date 5/23/05. If you haven't received your retro rate adjustments by now. Please contact Melba Luyo at 617-210-5531.

**Will PAs for home health nursing be added to APAS?**

Currently, home health has PA requirements for nursing requiring more than a 2-hour visit, skilled nursing visits for members with MassHealth Basic coverage, and skilled nursing visits for members enrolled in CCM. All PAs are on APAS now.



## Long Term Care

**MMQs and MDS. Will there be a point when MDS are used for all?**

No. There is nothing in the works on changing the MMQ process.

**Where are the instructions for submitting Management Minute Questionnaires (MMQs), and How do I return the patient paid amount, when necessary, for Medicare/MassHealth crossover claims?**

Refer to Transmittal Letter NF-50 (June 2004) and Appendices D & E of the *Nursing Facility Manual* for MMQ. PPA for Medicare/MassHealth crossover claims, provider must send the PPA to: Post Payment Recovery; P.O. Box 85, Essex Station; Boston, MA 02112

**We are a non-Medicare-certified LTC facility. Is there any way to flag our provider number so our claims do not deny for this reason?**

Not at this point.

## Member

**Is a letter sent to members over 21 when they are no longer eligible for dental coverage?**

Clients are notified of their coverage when they are deemed eligible for MassHealth. This information would include that dental services are only for those under the age of 21.

**Will there be a picture ID for MassHealth members? This would reduce the loaning of member's cards.**

MassHealth is reviewing changes to the member ID cards. There are no current plans to include a picture.

**Is MassHealth changing social security numbers to dummy numbers, such as BC/BS has done?**

Currently, no such transition has been discussed. The possibility of such a change occurring in the future cannot be determined at this time.

**Will we be able to get a member on a three-way call to solve a problem right there and now?**

On a case-by-case basis, the Customer Service Representatives will be able to use a three-way conference call to address an issue.

**Is there a change in the eligibility offices or member application process?**

No.

**Will the cap for Essential care be lifted?**

No





**Does this transition change anything in the eligibility or application processes?**

No, the transition does not include any changes in the eligibility or application processes.

## **Primary Care Clinician Program (PCCP)**

**How long will a member's PCC change take to be reflected in REVS?**

A member's PCC change takes one day to be reflected in REVS.

**Will REVS show the PCC provider number?**

No, REVS will not show the PCC provider number, in respect for the PCC's privacy.

## **Provider Claims Submission Software (PCSS)**

**Can PCSS software be used to submit electronic adjustments and claims with attachments? Are they processed through mass.gov?**

Yes, you can submit electronic void and replace transactions with PCSS. Claims that require attachments can be submitted electronically. They will suspend and you will receive a Claims Attachment Form (CAF) instructing you to submit the required documentation. You can also use PCSS for Web submissions.

**PCSS can't bill patients who expire because they are kicked out. Will this change?**

We will add this to the list of possible future enhancements.

## **Pharmacy**

**There are many prescriptions that aren't getting paid for LTC providers.**

You should contact ACS for pharmacy issues.

**I am a pharmacy provider and I haven't heard from the EDI team?**

Pharmacy claim submission is not affected by the transition in electronic claim submission to mass.gov.



## Provider

### **When do you anticipate online provider enrollment?**

This will be implemented in upcoming months. Watch [mass.gov/masshealth](http://mass.gov/masshealth) and your Provider Update for the announcement.

### **For the online provider enrollment, will you be using the existing applications or developing new ones?**

We will be developing new ones.

### **Will recredentialing be done based on the different boards?**

We will define a roll-out plan at a later date.

## Publications

### **Is there a billing manual that explains how to bill certain claims? Why aren't all the manuals online?**

There are some billing manuals on [mass.gov/masshealth](http://mass.gov/masshealth). The instructions are primarily geared toward paper claims. We are reviewing them to include electronic billing as well. They will be posted once the review is complete.

### **Will we be able to get our paper remittance advice from [mass.gov](http://mass.gov)?**

This is not part of the future enhancements currently identified. It may be considered at a later time.

### **Can providers go to [mass.gov](http://mass.gov) to sign up for program specific e-mails?**

This is not part of the future enhancements currently identified. It may be considered at a later time.

### **Are there plans to make the [mass.gov](http://mass.gov) Web site more user-friendly? It is hard to find information.**

Please see the existing flyer on locating the most commonly requested information on [mass.gov/masshealth](http://mass.gov/masshealth). You may get it at [mass.gov/masshealth](http://mass.gov/masshealth), click on "Information for MassHealth Providers," then "Customer Service for MassHealth Providers," then "Billing Information." or by calling Customer Service. You will also find the "Search" feature helpful.

### **Will the stock claims forms address be changed from Somerville to Hingham?**

The claim forms are being reprinted with the MassHealth Customer Service Hingham address.



**Will MassHealth continue to mail bulletins?**

MassHealth will communicate through Provider Bulletins, the *Provider Update*, the text message on the remittance advice, e-mails, messages on mass.gov., and through your professional associations. MassHealth is currently issuing postcards to providers to notify them of a new bulletin on its Web site. Providers may contact Customer Service to request a copy of a bulletin identified on a postcard.

## **Recipient Eligibility Verification System (REVS)**

**When the Recipient ID (RID) number changes, REVS says ineligible. Shouldn't REVS provide the new RID?**

If the two RID numbers are linked in the MMIS, REVS will report the other number. If they are not linked, it cannot report it.

**Will REVS go back farther than six months for eligibility?**

Yes. Beginning 9/1/05, you will be able to see the current month and the previous 12 months.

**Sometimes REVS information is incorrect. Will that be corrected?**

If you feel REVS information is not accurate, please call the REVS HelpDesk at 1-800-462-7738, press Option 2 and then Option 5. REVS is only as accurate as what members and providers communicate information to MassHealth.

**REVS says "Free Care" only. The clients think that they have free care for all services. This is an issue. Is there any way to clarify this with the members?**

This is a client-education issue. The clients are sent information about their services every time they are made eligible.

**The REVS Web site shows eligibility with PCC for a specific date of service. Will it show PCC referral numbers changing?**

No.

**Can a corporate office connect to REVS? We don't have a provider number for ourselves.**

For privacy and security reasons, any user of REVS must complete a trading partner agreement and be enrolled with MassHealth. You will find instructions for trading partner agreements at [mass.gov/masshealth](http://mass.gov/masshealth).

**Regarding claim status, is there going to be a change to be able to see a claim before adjudication?**

MassHealth recognizes this issue and will review options for a possible future enhancement.



**REVS doesn't have the original date of eligibility. Is that coming?**

Due to the constant change of circumstances and overlapping coverage types, an original date, that would be accurately interpreted, cannot be provided at this time. REVS will be modified to include additional eligibility history as of September 1, 2005.

**Can REVS check span eligibility for inpatient claims?**

Not at this time.

**We received a denial that the member was Fallon/MassHealth. The member told us there were no changes?**

If REVS indicates that a member is with a MCO, then the member needs to call MassHealth Customer Service to correct this if they feel it is inaccurate.

**Can REVS do batch eligibility?**

Yes through our REVS PC software. Please call the REVS HelpDesk at 1-800-462-7738 for assistance or see [mass.gov/masshealth](http://mass.gov/masshealth) under Information for MassHealth Providers, Recipient Eligibility Verification System (REVS).

**Can you add the PCC number to REVS?**

No. The PCC number will not be provided through REVS. You need to call the PCC for the referral number.

**Is there a document that summarizes the eligibility responses from REVS? There are many options and we need to know what each means.**

Yes. You can access the Help link on [massrevs.eds.com](http://massrevs.eds.com) or go to [mass.gov/masshealth](http://mass.gov/masshealth) and review the REVS user manuals.

**Can you check casemix on REVS? Will this come in the future?**

There are no plans for this at this time on REVS. MassHealth is reviewing alternate solutions.

**Is it possible to look at a whole month of claims instead of one at a time?**

There are no plans for this at this time on REVS. MassHealth is reviewing alternate solutions.

**Can units of service consumed/remaining for a given time period be displayed on REVS?**

At this time REVS is not being modified for this due to system limitations. We do plan on reviewing this as a possible enhancement to New MMIS.

**How often is the REVS database updated?**

The REVS database is updated nightly.



**Why do I get kicked off REVS after 10 minutes? Can the window for REVS remaining open be expanded?**

REVS gets almost 5 million hits per month. There are plans to increase the time slowly to find the maximum the system can handle safely.

**We get lots of "Can't finds" for claim eligibility - why?**

Too much information can increase inability for REVS to find the requested information. Enter the RID, date of service and provider number. Enter "dummy numbers" in the other fields.

**Will we be able to substitute a member's social security number to another identifying number – for example, a driver's license number?**

MassHealth recognizes this issue and will review options for a possible future enhancement for the New MMIS.

**REVS does not show members over 65 who have Medicare.**

REVS is looking into adding these members over the coming year as benefits are redetermined.

**REVS is reporting old, inactive TPL information. Why?**

Specific examples were requested so that the issue may be researched.

**We perform a weekly check of eligibility for our patients using REVS PC software to match eligibility. Will this still be available?**

Yes, there is no change.

**Will REVS show members who have MassHealth Essential?**

Beginning June 17th, REVS will show members who are eligible for Essential coverage but have not selected a managed care entity. REVS will indicate that they are eligible, but services cannot be billed to MassHealth until the member enrolls for managed care.

**Managed care referral- provider numbers are not on REVS**

The MassHealth PCC provider number cannot be provided as part of a response in REVS since providers are required to call the provider for their referral number.

**Members enrolled in MCO: can't verify MCO changes when members go in and out of plans**

MassHealth is reviewing this issue and expects to release a letter in July addressing this issue.



**Provider is not able to access saved changes for a new batch of members on the REVS software. What can be done?**

After a batch submission use REVS PC software, the software will display in red any changes that occurred for a member, from a previous REVS inquiry on the REVS PC software. The software was not designed to highlight those changes, after the initial review of the changes occurred. However, the user can select the print preview option, when viewing the eligibility response, then the user must click on the icon that has a envelope with a red arrow through it. By clicking on this icon, the user receives the option to save the file. The file should be saved under Excel 8.0, with the destination of "disk file." This will allow the user to save the report, maintaining the indicator on which values had changed since the last REVS inquiry on REVS PC software.

## **Third Party Liability (TPL)**

**There are problems with claims not automatically crossing over from Medicare.**

MassHealth is aware of the issue and is working with the Medicare intermediaries to resolve it.

**On claims that aren't crossing over, we must bill on paper and Medicare is stopping the "standard" EOMB form. We can't use the printouts of the electronic forms. What will we be able to do?**

If the member has exhausted benefits, they may use that last notice. We are also accepting the CWF, on a case-by-case basis.

**Medicare uses an 835 "decoder." Will MassHealth accept the documents from that?**

This is being reviewed currently.

**MassHealth was paying as primary instead of secondary for outpatient claims. Was this corrected?**

MassHealth is always payer of last resort, all other primary insurance must be billed first.

**With Medicare crossover claims, we are having an issue with the units being billed with 908XX codes. Has this issue been resolved?**

There is a fix for this. More will be coming out shortly.

**We are a long-term care facility and are getting denials for billing on the wrong claim form for HMO Blue/MassHealth claims.**

Long-term-care facilities should be billed on a form no. 10 with a copy of the explanation of benefits from HMO Blue.

**Some LTC members have an HMO with a \$25 per day co-pay. Can this be reimbursed?**

MassHealth pays up to the MassHealth Liability. If the HMO has paid more than that liability, there is no payment due. Remember, HMO contractual amounts are included in the payment methodology.



**Can LTC claims with an HMO denial be submitted electronically?**

Not at this point.

**After a TPL denial, we fax the TPL information, but we don't know when it has been processed.**

Check REVS. It will report the information.

**Medicare doesn't cover consultations. We are now required to bill Medicare to get a denial before we can bill MassHealth. Do we have to bill Medicare for a service that is not covered first?**

Yes, currently you do need to attach the Medicare denial to the claims. Medicare is continually updating services that it will pay for, such as new members are now granted a one-time physical, which is paid by Medicare and was not previously paid.

**Is there any change in the contact information for the TPL unit due to the transition?**

There is no change in the contact information for the TPL unit.

**Will combining member and provider services help with updating a member's TPL information?**

Correct TPL information is dependent on TPL changes being reported by members and providers. MassHealth Customer Services will look for ways to increase efficiencies in TPL reporting and update.

**Will the fax number to the TPL unit change?**

No.